MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	\						51							
2		1					52							
3		1					53							
4		3					54							
5		1					55							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							